

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 3:20

DOCUMENT # **M58430** (3)

1. Corporation Name

CARIBBEAN . PACIFIC TRADING COMPANY

Principal Place of Business

**C/O STANLEY S. FEINERMAN
790 E. BROWARD BLVD., SUITE 302
FT. LAUDERDALE FL 33301**

Mailing Address

**C/O STANLEY S. FEINERMAN
790 E. BROWARD BLVD., SUITE 302
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0003652

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

**FEINERMAN, STANLEY S.
790 E. BROWARD BLVD. SUITE 302
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) Type or printed name of registered agent and title if applicable

(NOTE: The principal agent signature is required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DP
FEINERMAN, STANLEY S.
1640 N.E. 5 ST.
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DVP
FEINERMAN, GLORETTE A.
1640 N.E. 5 ST.
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stanley S. Feinerman
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley S. Feinerman

3/24/95
Date

Signature (Print Name)